

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19482**

FILED JUL 5 - 1955

BIRTH NO. _____ REG. DIST. NO. **223** PRIMARY REG. DIST. NO. **4334** Registrar's No. **33**

1. PLACE OF DEATH a. COUNTY Moniteau Co		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Latham, Mo Harrison		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Latham, Mo	
c. LENGTH OF STAY (in this place) 2 1/2 Mo		0680 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Latham, Mo Home		d. STREET ADDRESS (If rural, give location) Latham, Mo	

3. NAME OF DECEASED (Type or Print)	a. (First) Theodosia	b. (Middle)	c. (Last) Blankenship	4. DATE OF DEATH (Month) (Day) (Year) June 1 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct 27 1870	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Days 5	Hours 5	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Edward James	13b. MOTHER'S MAIDEN NAME UnKnown	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Francis Marion Blankenship	ADDRESS California, Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 + yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of the stomach		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 151X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Latham, Moniteau Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **9-18**, 19**54**, to **4-15**, 19**55**, that I last saw the deceased alive on **4-13**, 19**55**, and that death occurred at **10 P** m., from the causes and on the date stated above.

23a. SIGNATURE R. B. Fulcher (Degree or title)	23b. ADDRESS California, Mo	23c. DATE SIGNED 6-3-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/3/55	24c. NAME OF CEMETERY OR CREMATORY Woodman Cemetery	24d. LOCATION (City, town, or county) (State) High Point, Mo
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DATE REC'D BY LOCAL REG. 6/9/55	REGISTRAR'S SIGNATURE L. D. Speyer	501 FURNERAL DIRECTOR'S SIGNATURE Earle Boulton	ADDRESS California
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

80
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Jack H. Bowlin

Signed _____

Student Embalmer

Licensed Embalmer No. *4923*

P. O. Address *California, Mo*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.